WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

TO: **Economic Support Supervisors**
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies

FROM: Stephen M. Dow
Policy Analysis & Program Implementation Unit
Work Programs Section

BWSP OPERATIONS MEMO

No.: 00-81

File: 2789

Date: 11/09/2000

Non W-2 [X] W-2 [ ] CC [ ]

PRIORITY: Medium

SUBJECT: **FAMILY CARE**

CROSS REFERENCE: Please refer to other recent operations memos in the series discussing Long Term Care, PACE & Partnership, Family Care and Community Waivers and SSI in CARES for further information on these topics.

Family Care pilot counties may refer to training materials from DWD/DES and DHFS on-site training for further information on Family Care.

EFFECTIVE DATE: July 3, 2000

PURPOSE

This Memo provides you with Family Care (FC) instructions. FC is being piloted in Portage, Fond du Lac, La Crosse, and Milwaukee counties. The effective date of these changes is July 3, 2000.

OVERVIEW OF FAMILY CARE

Family Care is a flexible, long term care benefit that is a combination of Medicaid (MA) long-term care services, the Community Options Program (COP), Home & Community Based Waiver Services (HCBW), as well as services funded via Community Aids. It is a method of funding and service delivery just as community waivers is a method of funding and service delivery.

The FC benefit package can consist of MA services plus enrollment in a Care Management Organization (CMO), or for those who do not qualify for MA, CMO services alone are offered. Modifications have been made to CARES so that it can determine FC eligibility for persons who

are MA eligible and those who will qualify as FC/Non-MA. CARES will also send the enrollment record to MMIS.

FC is administered through a coordinated effort by these 3 entities:

1. The Resource Center (RC) is the entry point into the FC system. RC staff screen potential clients for eligibility. The RC determines whether applicants are functionally eligible. If a client applies at the RC, the RC worker is responsible for setting the filing date in CARES or using the manual process in which the client supplies his/her name, address and signature on the MA/Food Stamp (FS) Application form.

   NOTE: If the client requests FC or waivers at the Economic Support Agency (ESA) and s/he hasn't talked to the RC yet, the ESA must set the filing date in CARES. Pend the FC and Waivers screens and refer the client to the resource center. Each county has its own process for referring the client to the RC or ESA.

2. The Economic Support Agency (ESA) determines FC financial and non-financial eligibility, cost shares, and certifies eligible clients.

3. The Care Management Organization (CMO) develops assessments and care plans, as well as providing and/or arranging for the provision of long term care services for FC. These services can be provided either directly or by contract. The CMO will also coordinate other services not included in the FC benefit.

OVERVIEW OF AUTOMATION CHANGES

Several changes have been made to CARES and MMIS to enable processing of the new and changed long term care programs, including FC.

- Changes to the CARES Application Entry driver flow and order of screens
- Addition of new CARES screens to support the new long term care programs and processes
- Changes to existing CARES screens to accommodate fixes and logic enhancements
- Addition of a new FC assistance group (AG)
- Addition of a new record to be sent to MMIS for FC Enrollment
- Added and changed notices to reflect the new and changed programs

For more information on the new and changed automation, see the DES training packets dated July, 2000, and the screen level help in CARES.

ELIGIBILITY

There are 2 eligibility levels for FC:

1. Family Care MA (FC/MA)

   Clients receive a Forward card that covers MA services, get services through a FC CMO, and may have a cost share spend down like Group B & C Community Waivers.

2. Family Care/Non-MA (FC/Non-MA)

These are clients who are not eligible for MA.

- They don't get a Forward Card and are not eligible for acute and primary care services.
- They are eligible to receive their long-term care services via a FC CMO.
- They will have a cost share that is calculated based on a new methodology that combines assets and income.

FUNCTIONAL ELIGIBILITY

The functional screen is a uniform screening tool that assesses the individual's condition and ability to perform certain basic activities of daily living. Resource center personnel do the functional screening. The functional screen must be completed before FC, COP, or Community Waiver eligibility can be determined. Resource center worker tells the ES worker which categories clients fit into. The general levels are comprehensive and intermediate. The ES worker then enters the information into CARES to determine eligibility.

FAMILY CARE & MA ELIGIBLE

A person who is eligible for **any** MA is financially eligible for the FC benefit. In addition, those who are functionally eligible for community waivers should have their MA determined using regular MA methodology and/or waivers tests, including the group B and C tests. Both ANCW and ANFR should be filled out to allow the expanded tests used in Community Waivers eligibility . These tests may result in a cost share. In addition to receiving their acute and primary care under MA, the client is then eligible for FC as the delivery method for their long-term care services.

Those who are **not** functionally eligible for community waivers, but are functionally eligible for FC can be tested for "regular" MA, but *cannot* be tested using the waiver group B and C tests. In this situation, only ANFR should be keyed, or if ANCW exists, the functional eligibility switch on ANCW should be "N". In this instance CARES will test for other subprograms of MA, but will not do the community waivers tests.

FAMILY CARE / NON-MA ELIGIBLE

In the SSI-related MA and Institutional MA programs, an applicant must pass an asset test and income test to be eligible for the program. A cost share is then determined based upon how much income they have after set disregards and deductions. For MA eligible FC recipients, that process remains the same. However, for non-MA eligible FC recipients, i.e. those who are tested but found ineligible for MA, there is a different process for determining the eligibility and cost share.

NONFINANCIAL ELIGIBILITY

Clients must meet the MA SSI-related nonfinancial requirements with the following exceptions:

1. Anyone 18 years old or older may be eligible for FC/Non-MA if, s/he is FC functionally eligible (as opposed to disabled under MA criteria).
   Someone who has had a disability claim denied by DDB, but who has been determined functionally eligible for FC, will not be eligible for MA based on disability, but can be eligible

for FC/Non-MA. A client can 'pend' in a regular MA AG while awaiting a disability determination decision from the Disability Determination Bureau, but may be eligible during that time as FC/Non-MA. When the Disability Determination result is received, the eligibility worker must go back and 'run with dates in CARES, confirming those months where the individual is now MA eligible which makes the client FC/MA eligible.

2. The CMO network of providers must also have the capacity to enroll the individual and provide for his/her needs. The Resource Center worker will communicate to the ES worker whether the CMO network of providers has the capacity to serve the client. If not, the individual is ineligible for FC/Non-MA.

3. The definition of an institution differs for FC/Non-MA since clients in a CBRF are considered institutionalized. But the home maintenance allowance can only be deducted for 6 months from those who are in an institution as defined in the MAH 10.0.0.

FINANCIAL ELIGIBILITY

A client is financially eligible if the monthly FC cost share is less than the projected monthly cost of the individual's care plan. Because the care plan is developed by the CMO, the Care Plan and its' cost won't be calculated until the client is determined eligible and enrolled in the CMO. When determining initial FC/Non-MA eligibility, a projected cost of care plan is used. This amount is found on table TCOC in CARES and corresponds to the FC functional level found on ANFR. The projected cost of care plan for an individual found to be functionally eligible at the comprehensive level is $3307. The projected cost of care plan for an individual found to be functionally eligible at the intermediate or grandfather level is $636.89.

In the event that you verify that the individual's cost of care plan, based on their functional level, is greater than the amount set in CARES, you should enter that amount on the "Override projected cost of care plan" field on ANFR.

ELIGIBILITY DETERMINATION

Determination of FC/Non-MA eligibility is a 3 step process.

1. Determine Net Countable Assets (EFRD)

   Determine the total countable assets using SSI related rules and MA Handbook (MAH) 11.0.0 and MAH 23.0.0. If the client is married, use the countable assets of both spouses. Do not count Independence Accounts. An independence account is 1 (or more) separate accounts at a financial institution that are in the sole ownership of the client and/or spouse, and that consist solely of savings, dividends or other gains derived from those savings, from earned income received

   From the total assets deduct the following:

   a. Community Spouse Resource Allowance, if applicable.

      If both members of the couple are being tested for FC/Non-MA, the CSRA is allowed for each member of the couple separately.

b. $9000 if the client is residing in a nursing home, community-based residential facility or adult family home for 30 days or more

-or-

$12000 if the client is in his/her own home, including a RCAC or private home of a relative or other person.

Divide the result of countable assets minus allowable deductions by 12. This final result is considered the net countable assets of the individual.

$$\frac{\text{(Total Countable Assets – Deductions)}}{\text{Divided by 12}} = \text{Net Countable Assets}$$

2. Determine Net Countable Income (EFRD)

Determine countable income using SSI related rules and MAH 15.0.0.with the following exceptions:

a. Count Worker's Compensation as earned income.
b. Count Unemployment Insurance as earned income

From the countable income make the following deductions:

a. $200 and 2/3 earned income disregard
b. $20 standard income disregard

(Total Income – Deductions) = Net Countable Income.

3. Determine the Cost Share (EFSC)

Total the result of net countable assets and net countable income. This total is defined as the net countable resources.

From the Net Countable Resources make the following deductions:

a. Community Spouse Income allocation, if applicable

b. Amount of court ordered payments

c. $65 if the individual resides in a nursing home, CBRF or Adult Family Home OR if the individual resides in his/her own home, RCAC or home of another person the greater of $691.77 or actual maintenance costs up $1054. (Actual maintenance costs can include: rent, mortgage, property taxes on residence, Standard utility allowance, FS allotment for one person, $100 clothing allowance.)

d. If the individual resides in an institution (per MAH definition 10.0.0, not to include CBRFs) and is expected to return home within six months, the monthly cost of maintaining their home up to the SSI payment level of group size 1 ($596).

e. Out of pocket medical remedial expenses.

f. Dependent Family Member Allowance.

g. Health insurance premiums paid (use MA Handbook instructions for waivers if one spouse pays/is responsible for insurance premium for both spouses).

The result of subtracting the deductions from the total countable resources results in the cost share. Compare the cost share to the projected cost of care plan. The projected cost of care plan is based on the level of care on ANFR. C = $3307 and I or G = $636.89. If the cost share is less than the projected care plan cost the person is determined to be eligible. The cost share is the monthly amount the individual must pay to the CMO towards the cost of his/her services.

Total Net Countable Assets
\+ Total Net Countable Income
-- Deductions
= FC/Non-MA Cost Share.

When a FC/Non-MA client's cost share exceeds the projected cost of care plan, that client is not eligible for FC. The CMO may continue the person's enrollment, depending upon capacity, however, s/he is then private pay and must pay the full cost of his/her care.

It may benefit a private pay person to reapply once the care plan is developed, if the care plan costs turn out to be greater than the maximum cost share. If found eligible for FC upon reapplying, CMO enrollment may be backdated up to 3 months, but no earlier than the day on which the CMO first began to serve the private pay person.

MEDICAL/REMEDIAL EXPENSES- AFME AND ANCW

WAIVERS MA AND FAMILY CARE

The medical/remedial expense definitions/policy remain the same for community waivers.

1. Group B- Enter the amount as 'OP' on AFME.

2. Group C and MA card covered services- Enter on ANCW

FAMILY CARE/NON-MA.

Expenses that are paid by the FC benefit can't be used as a medical/remedial expense. Note that FC/Non-MA does not cover acute and primary care so those costs are allowed as medical/ remedial costs. Resource center staff collect medical/remedial expense information and give the amounts to ES for entry in CARES. For CARES entry for FC/Non-MA, enter the amount as 'OP' on AFME.
The Group B and FC/Non-MA amounts are both entered as "OP" expense type on AFME and will probably be different amounts. The FC/Non-MA amount may be higher since it includes acute and primary care costs. If the amounts differ, enter the Group B amount first and run SFED. If the client passes Group B waivers, you will get the correct cost share amount on ECSC. At this point you can also enter the appropriate Group C medical/remedial expense on ANCW in the event the case becomes Group C. If the client fails Group B and C, return to AFME and change the amount on AFME to reflect the FC/Non-MA amount and rerun eligibility.

That will test the client for FC/Non-MA using the correct amount for determining the cost share. The medical/remedial expenses on ANCW shouldn't be deleted.

DIVESTMENT

FC applicants/recipients (both FC/MA and FC/Non-MA) who have divested cannot receive FC benefits. If the client is eligible for regular MA (except for Community Waivers) s/he may still receive a Forward Card and use that to access acute and primary care.

FAMILY CARE DISENROLLMENT / WAIVER CONSIDERATIONS

When a client no longer requests FC, special considerations must be made in re-determining MA eligibility using community waivers logic. Eligibility for MA using the higher income limits associated with community waivers can only be used if:

1. The recipient is waiver functionally eligible and is enrolled in FC.

2. The recipient is waiver functionally eligible and is enrolled in a Pace or Partnership Program.

3. The recipient is waiver functionally eligible and has been approved for participation in HCBW by The Management Group (TMG).

Take the following steps to correctly process MA eligibility following a FC disenrollment:

1. After the request for FC on ANFR has been changed to "N," identify if the client was determined to be waiver functionally eligible on ANCW.

2. If ANCW exists, change the "slots available" field to "N" even if slots are available in the county. Although there may be slots available, the waiver AG associated with FC must be closed prior to the creation of another waiver request. Run SFED, confirm the FC, waiver AG closures and any MA AGs that are built for the client. This will correctly close Community Waivers MA eligibility following adverse action logic.

3. If waiver slots are available in the client's county of residence and the client requests community waivers, create a new request for waivers on ANCW on the day following the FC/waivers closure. Obtain the necessary information to process the waivers request from the Resource Center or care manager. Put a question mark in the "program start date" field on ANCW to pend the case while the care manager obtains a tentative approval date from TMG, according to the existing community waivers case processing instructions. If the program start date is the only pending verification item for the Community Waiver AG, you can confirm any other MA AGs built.

CARES

For those eligible for FC/MA (as waivers or non-waivers), eligible clients will have both an open MA AG, such as MCWW or NS, and an open FC AG. The MA AG represents their eligibility, and the FC AG shows their enrollment in the FC CMO.

Those who are only eligible for FC (FC/Non-MA) will have a FC AG created to reflect their enrollment into the CMO.

Since there is only 1 assistance group FC for FC, but several different ways to be involved in the program (FC/MA, FC as an SSI MA recipient, FC/Non-MA), 3 informational reason codes have been developed to distinguish among these. These reason codes can be seen on SFCD and SFCC as the AGs are building, and on AGEC as a final determination. The informational reason codes are:

331 = FC/SSI
332 = FC/MA
333 = FC/Non-MA

Upon confirming the FC AG, eligibility for MA (if applicable) and FC enrollment gets sent to EDS. To enroll the client in the FC CMO, the FC AG must be confirmed. Confirmation will send notices, including any cost share amount.

Once the eligibility and enrollment have been confirmed, EDS ensures payment of the monthly capitation amount, puts the client on the monthly enrollment report for the CMO, and sends an enrollment letter to the client.

Note that several new reason codes have been created for FC TSRC, reason codes 307-343; 346, and 347 (see reference table RTDT).

ENROLLMENT AND DISENROLLMENT FROM FAMILY CARE - ANFR

1. Enrollment

   The enrollment date is always the date that the client is enrolled in the CMO. The Resource Center worker provides this information to the ES worker and it's entered on ANFR.

   If the enrollment date is still not known at application, use "?" (question mark) on ANFR to pend FC and a "?" on ANCW to pend Community Waivers. Enter the earliest possible begin month on ANFR to allow flexibility to work with the case if they have a 3 month backdate request.

2. Disenrollment

   The Disenrollment date is the date the client disenrolls from the CMO. This date is populated by the system when there is ineligibility for FC. It is not worker entered. This date will be a date at the end of the month based upon adverse action logic. After disenrollment, ANFR displays in inquiry mode. If a new enrollment needs to be created, press [PF16]. The new enrollment date can be no earlier than the first of the month after the disenrollment date.

   Example: Disenrollment date on ANFR is 11/30. Worker tries to enter a new enrollment date of 11/27. Since that date is prior to the disenrollment date of 11/30, the screen produces an edit: "BDV - CANNOT BE EARLIER THAN PRIOR DISENROLLMENT DATE". The worker must then create an ANFR screen with the next possible date after the disenrollment (12/1).

ES Workers should not change the enrollment date unless instructed to do so by the Resource Center worker.

If you disenroll someone mid month, use the paper disenrollment form and fax it to Heidi Herziger at 608-261-7793 for approval. An example of a mid-month disenrollment would be if the client requested to no longer be in the CMO or FC. Do not use a 3070.

CASE EXAMPLE

On 9/27, Mrs. Johnson comes in to apply for FC. She has been to the Resource Center, and been found functionally eligible for Community Waivers, and functionally eligible for FC at the comprehensive level.

```
ANLQ                        LONG TERM CARE QUESTIONS              09/27/00 11:37
 CASE: 8700218782                          WORKER: JX2373    JX2373 T FOSBINDER
 LAST UPDATED: 09 27 00               CASE STATUS: PENDING CASE MODE: INTAKE


 IS ANYONE IN YOUR HOUSEHOLD FUNCTIONALLY ELIGIBLE FOR COMMUNITY
 WAIVERS OR REQUESTING COMMUNITY WAIVERS?                              (Y/N) y

 IS ANYONE IN YOUR HOUSEHOLD FUNCTIONALLY ELIGIBLE FOR FAMILY
 CARE OR REQUESTING FAMILY CARE?                                       (Y/N) y

 IS ANYONE IN YOUR HOUSEHOLD IN A MEDICAL INSTITUTION FOR
 LONG TERM CARE?                                                       (Y/N) n

 IS ANYONE IN YOUR HOUSEHOLD REQUESTING/RECEIVING LONG TERM CARE
 SERVICE AND HAS A SPOUSE IN THE COMMUNITY?                            (Y/N) n


 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
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ANCW                      COMMUNITY WAIVERS                    09/27/00 11:38
 CASE: 8700218782                          WORKER: JX2373    JX2373 T FOSBINDER
 LAST UPDATED:                          CASE STATUS: PENDING CASE MODE: INTAKE

 NUM: 01 NAME:                                        SSN:
  DC: __ BEGIN MMYY: 0900 END MMYY: ____

 DO YOU WANT COMMUNITY WAIVERS SERVICES? (Y/N):    y
 DATE OF REQUEST FOR COMMUNITY WAIVERS:            09 27 00
 COMMUNITY WAIVERS FUNCTIONALLY ELIGIBLE? (Y/N/?): y
 COMMUNITY WAIVERS PROGRAM TYPE:                   ib             VR: af
 COMMUNITY WAIVERS PROGRAM START DATE:             09 27 00       VR: af
 MA CARD COVERABLE EXPENSES:                       _120.00_________
 GROUP C MEDICAL REMEDIAL EXPENSES:                775.00
 SLOT AVAILABLE FOR COMMUNITY WAIVERS (Y/N):       y
 PACE/PARTNERSHIP LEVEL OF CARE:                   ___


---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )

 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
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```
ANFR                            FAMILY CARE                 09/27/00 11:39
 CASE: 8700218782                          WORKER: JX2373    JX2373 T FOSBINDER
 LAST UPDATED:                          CASE STATUS: PENDING CASE MODE: INTAKE

 NUM: 01 NAME:                                        SSN:
  DC: __    EFF  MMCCYY: 092000

  DO YOU WANT FAMILY CARE SERVICES?   (Y/N/?)    : y
  FAMILY CARE FUNCTIONAL ELIGIBILITY  (C/I/G/N/?): c
  CMO CAPACITY (Y/N) :                  y
  ENROLLMENT DATE :                     09 27 2000
  DISENROLLMENT DATE :
  OVERRIDE PROJECTED COST OF CARE PLAN: __________
  RESOURCE CENTER WORKER NAME:          melinda________ belinda________
  RESOURCE CENTER WORKER PHONE:         111 222 3333


---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )


NEXT TRAN: ____     PARMS: 8700218782_____________________________________
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```
ANMC                      MANAGED LONG TERM CARE             09/27/00 11:40
 CASE: 8700218782                            WORKER: JX2373    JX2373 T FOSBINDER
 LAST UPDATED: 09 27 00               CASE STATUS: PENDING CASE MODE: INTAKE

 NUM: 01 NAME: MZ               JOHNSON             SSN: 343 59 0697
  DC: __ EFF BEG MMCCYY: 092000

  ARE YOU MEETING YOUR COST SHARE/SPEND DOWN OBLIGATION? (Y/N): Y
  SMCP ORG CHOICE (FC CMO OR P/P ORG): 40F01 MILWAUKEE COUNTY CMO

  REQUEST FOR CW:            Y
     CW PROGRAM TYPE:        IB
     CW PROGRAM START DATE:  09 27 2000       SLOT AVAILABLE FOR CW: Y
  REQUEST FOR FC:            Y
     ENROLLMENT DATE:        09 27 2000       CMO CAPACITY:          Y
  MEDICAL INSTITUTION:       N
     DATE INSTITUTIONALIZED:
  COMMUNITY SPOUSE:          N
---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )

 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
```

She has no assets. Her income is $875 per month in Social Security, and she has $100 per month in medical/remedial expenses.

Note that M/R expense was entered on ANCW in the event this is a group C case, and AFME if it is group B. CARES will only use the expense once -- from ANCW for group C, and from AFME for group B.

```
AFME                        MEDICAL EXPENSE                      09/27/00 11:42
 CASE: 8700218782                            WORKER: JX2373    JX2373 T FOSBINDER
 LAST UPDATED: 09 27 00               CASE STATUS: PENDING CASE MODE: INTAKE

 NUM: 01 NAME: MZ               JOHNSON             SSN: 343 59 0697
  DC: __ BEGIN MMYY: 0900 END MMYY: ____

 SEQ NUM: 001 EXPENSE TYPE: OP OUT OF POCKET M  SERVICE DATE: 09 01 00

 SOURCE/PROVIDER: WLAGREENS___________ VR: AF
 INCURRED BY    : 01   MZ               JOHNSON

    TOTAL BILLED AMOUNT   :       100.00
    TPL AMOUNT            :  - _________
    CLIENT LIAB AMOUNT    :       100.00   BUDGETABLE EXPENSE :    100.00

    FS PAYMENT PLAN? (Y/N):    N               NUM OF MONTHS : __
---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )
NEXT TRAN: ____     PARMS: 8700218782_____________________________________
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When eligibility is determined, she is found eligible for FC/MA (FC 332) and Community Waivers MA as of the date on ANMC and ANFR (9/27). Since eligibility must be considered from 9/1, a deductible is also built for 9/00.

```
EESI                          ELIGIBILITY SUMMARY              09/27/00 13:18
 CASE: 8700218782                              WORKER: JX2373    JX2373 T FOSBINDER
 DETERMINATION DATE: 09 27 00          CASE STATUS: PENDING CASE MODE: INTAKE

              PAYMENT      PAYMENT     NON FIN     ASSET     INCOME   BENEFIT
 CAT  SEQ FFU BEGIN DATE   END DATE    S RESULT   S RESULT   RESULT   AMOUNT

 BC X 01   N  11 01 00                 _  FAIL    _
 BC X 01   N  10 01 00     10 31 00    _  FAIL    _
 BC X 01   N  09 01 00     09 30 00    _  FAIL    _
 CC Z 01   N  11 01 00                 _  FAIL
 CC Z 01   N  10 01 00     10 31 00    _  FAIL
 CC Z 01   N  09 01 00     09 30 00    _  FAIL
 FC   01   N  11 01 00                 _  PASS    _  PASS     PASS
 FC   01   N  10 01 00     10 31 00    _  PASS    _  PASS     PASS
 FC   01   N  09 27 00     09 30 00    _  PASS    _  PASS     PASS


 NEXT TRAN: ____     PARMS: 8700218782_____________________________________ MORE...
```

```
EESI                          ELIGIBILITY SUMMARY              09/27/00 13:19
 CASE: 8700218782                              WORKER: JX2373    JX2373 T FOSBINDER
 DETERMINATION DATE: 09 27 00          CASE STATUS: PENDING CASE MODE: INTAKE

              PAYMENT      PAYMENT     NON FIN     ASSET     INCOME   BENEFIT
 CAT  SEQ FFU BEGIN DATE   END DATE    S RESULT   S RESULT   RESULT   AMOUNT

 FS Z 01   N  11 01 00                 _  FAIL    _
 FS Z 01   N  10 01 00     10 31 00    _  FAIL    _
 FS Z 01   N  09 27 00     09 30 00    _  FAIL    _
 MCWB 01   N  11 01 00                 _  PASS    _  PASS     PASS
 MCWB 01   N  10 01 00     10 31 00    _  PASS    _  PASS     PASS
 MCWB 01   N  09 27 00     09 30 00    _  PASS    _  PASS     PASS
 NS   01   N  11 01 00                 _  FAIL    _  PASS     FAIL
 NS   01   N  10 01 00     10 31 00    _  FAIL    _  PASS     FAIL
 NS   01   N  09 01 00     09 30 00    _  PASS    _  PASS     FAIL



 NEXT TRAN: ____     PARMS: 8700218782_____________________________________ MORE...
```

Based on income, her waiver eligibility is group B, as shown on the ECED screen:

```
ECED        COMMUNITY WAIVERS ELIGIBILITY DETERMINATION     09/27/00 13:20
 CASE: 8700218782 CAT: MCWB SEQ: 01   WORKER: JX2373         JX2373 T FOSBINDER
 DETERMINATION DATE: 09 27 00        AG STATUS: OPEN    ELIGIBILITY STATUS: PASS
 PAYMENT BEGIN DATE: 11 01 00 PAYMENT END DATE:
 GROUP INDICATOR: B
        GROUP B TEST                                GROUP C TEST
     GROSS EARNED INCOME:          .00        GROSS EARNED INCOME:
   GROSS UNEARNED INCOME: +     875.00      $65 AND 1/2 DISREGARD: -
  EXCESS SELF EMP EXPENSE: -        .00      GROSS UNEARNED INCOME: +
        STUDENT DISREGARD: -        .00              $20 DISREGARD: -
              GROSS INCOME: =     875.00      HEALTH INSURANCE COST: -
   CAT NEEDY INCOME LIMIT:      1536.00    EXCESS SELF EMP EXPENSE: -
                                             SPECIAL EXEMPT INCOME: -
                                              COUNTABLE NET INCOME: =
                                          MEDICAL/REMEDIAL EXPENSES: -
                                         MA CARD COVERABLE EXPENSES: -
                                                        NET INCOME: =

                                               COUNTABLE NET INCOME:
                                            MED NEEDY INCOME LIMIT: -
                                                 SPENDDOWN AMOUNT: =
 THE AG HAS PASSED THE GROUP B COMMUNITY WAIVERS ELIGIBILITY TEST
 NEXT TRAN: ____     PARMS: 8700218782/MCWB/01/110100_____________________ MORE...
```

ECSC shows the cost share calculation for the waiver AG. Note that the M/R expenses on this budget are as entered on AFME since this is a group B case.

```
ECSC           COMMUNITY WAIVERS COST SHARE BUDGET          09/27/00 13:21
 CASE: 8700218782 CAT: MCWB SEQ: 01   WORKER: JX2373         JX2373 T FOSBINDER
 DETERMINATION DATE: 09 27 00        AG STATUS: OPEN    ELIGIBILITY STATUS: PASS
 PAYMENT BEGIN DATE: 11 01 00 PAYMENT END DATE:

 CMTY WAIVER NAME: MZ               JOHNSON             SSN: 343 59 0697
 COMMUNITY SPOUSE:                                           000 00 0000

       NON SPOUSAL IMPOVERISHMENT:                SPOUSAL IMPOVERISHMENT:

              GROSS INCOME:       875.00              GROSS INCOME:
   COLA/DAC/WW DISREGARDS: +          .00    COLA/DAC/WW DISREGARDS: +
       ACCUM GROSS INCOME: =       875.00        ACCUM GROSS INCOME: =
      $65 & 1/2 DISREGARD: -          .00       $65 & 1/2 DISREGARD: -
    SPECIAL EXEMPT INCOME: -          .00   CMTY SPS INC ALLOCATION: -
    BASIC NEEDS ALLOWANCE: -       692.00     SPECIAL EXEMPT INCOME: -
   SPECIAL HOUSING AMOUNT: -          .00     BASIC NEEDS ALLOWANCE: -
  FAMILY MAINT. ALLOWANCE: -          .00    SPECIAL HOUSING AMOUNT: -
 HEALTH INSURANCE PREMIUM: -          .00    CMTY DEP INC ALLOWANCE: -
MEDICAL/REMEDIAL EXPENSES: -       100.00    HEALTH INSURANCE PREMIUM: -
               COST SHARE  =        83.00    MEDICAL/REMEDIAL EXPENSES: -
                                                        COST SHARE: =
 NEXT TRAN: ____     PARMS: 8700218782/MCWB/01/110100_____________________ MORE...
```

Since this is a waivers case, the FC cost share budget screen shows zeroes. The cost share can be found on ECSC. (Note that if this was a case where ANCW did not exist, or where there was no functional eligibility for waivers but only for FC, the cost share calculations would be populated on EFSC.

EFSC also shows that this is a FC/MA case, and the associated type of MA (in this case MCWB).

```
EFSC             FAMILY CARE COST SHARE BUDGET              09/27/00 13:22
 CASE: 8700218782 CAT: FC   SEQ: 01   WORKER: JX2373         JX2373 T FOSBINDER
 DETERMINATION DATE: 09 27 00        AG STATUS: OPEN    ELIGIBILITY STATUS: PASS
 PAYMENT BEGIN DATE: 11 01 00 PAYMENT END DATE:
 FAMILY CARE NAME: MZ                JOHNSON             SSN: 343 59 0697
 COMMUNITY SPOUSE:                                       SSN: 000 00 0000
 FAMILY CARE MA INDICATOR: Y   TYPE: MCWB   01

       NON SPOUSAL IMPOVERISHMENT:                 SPOUSAL IMPOVERISHMENT:
 TOTAL COUNTABLE RESOURCES:          .00 TOTAL COUNTABLE RESOURCES:
     SPECIAL EXEMPT INCOME: -        .00    CMTY SPOUSE ALLOCATION: -
           HOME ALLOWANCE: -         .00     SPECIAL EXEMPT INCOME: -
  HEALTH INSURANCE PREMIUM: -        .00           HOME ALLOWANCE: -
         OUT OF POCKET MRE: -        .00  HEALTH INSURANCE PREMIUM: -
  FAMILY MAINTENANCE ALLOW: -        .00         OUT OF POCKET MRE: -
          OTHER DEDUCTIONS: -        .00  CMTY DEPENDENT ALLOWANCE: -
                COST SHARE: =        .00          OTHER DEDUCTIONS: -
     PRJ COST OF CARE PLAN:          .00                COST SHARE: =
                                                PRJ COST OF CARE PLAN:

 THE AG HAS PASSED THE FAMILY CARE FINANCIAL ELIGIBILITY TEST

 NEXT TRAN: ____     PARMS: 8700218782/FC  /01/110100_____________________ MORE...
```

Also note that the FC/Non-MA budget does come up on this case if requested, but is not populated because this is not a FC/MA case.

```
EFRD          FAMILY CARE/NON-MA RESOURCE DETAILS          09/27/00 13:26
 CASE: 8700218782 CAT: FC   SEQ: 01   WORKER: JX2373         JX2373 T FOSBINDER
 DETERMINATION DATE: 09 27 00        AG STATUS: OPEN    ELIGIBILITY STATUS: PASS
 PAYMENT BEGIN DATE: 11 01 00 PAYMENT END DATE:

 FAMILY CARE NAME: MZ                JOHNSON             SSN: 343 59 0697
 COMMUNITY SPOUSE:                                       SSN: 000 00 0000

    TOTAL COUNTABLE ASSETS:          .00  MONTHLY COUNTABLE ASSETS:          .00
     ASSET EXEMPTION LIMIT: -        .00  MONTHLY COUNTABLE INCOME: +        .00
     CMTY SPS. ASSET SHARE: -        .00 TOTAL COUNTABLE RESOURCES: =        .00
      NET COUNTABLE ASSETS: =        .00
                            / 12
  MONTHLY COUNTABLE ASSETS: =        .00

       GROSS EARNED INCOME:          .00
       200 & 2/3 DISREGARD: -        .00
     GROSS UNEARNED INCOME: +        .00
  MONTHLY COUNTABLE INCOME: =        .00


 NEXT TRAN: ____     PARMS: 8700218782/FC  /01/110100_____________________ MORE...
```

Because of the open MCWB AG, this is an FC/MA case. The informational reason code 332 is populated.

At confirmation, the MCWB eligibility and FC enrollment information is sent to MMIS.

```
AGEC            ELIGIBILITY RESULTS CONFIRMATION            09/27/00 13:30
 CASE: 8700218782                          WORKER: XCTE46    XCTE46 T FOSBINDER
 LAST UPDATED: 09 27 00               CASE STATUS: OPEN    CASE MODE: ONGOING

 ELIGIBILITY REVIEW DATE: 08 31 2001

          PMT BEG  PMT END   BENEFIT    AG     ELIG      REASON     MR   CONFIRM
 CAT  SEQ  DATE     DATE     AMOUNT   STATUS  STATUS     CODES      RSN   (Y/N)

 BC X 01 11 01 00  11 30 00       0.00  DE     FAIL   277           __      Y
 CC Z 01 11 01 00  11 30 00       0.00  DE     FAIL   054           __      Y
 FC   01 11 01 00                 0.00  OP     PASS   332           __      Y
 FS Z 01 11 01 00  11 30 00       0.00  DE     FAIL   054           __      Y
 MCWB 01 11 01 00                 0.00  OP     PASS                 __      Y
 NS   01 11 01 00  11 30 00       0.00  DE     FAIL   014 308       __      Y
 WW Z 01 11 01 00  11 30 00       0.00  DE     FAIL   054           __      Y


 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
```

On 11/07, Mrs. Johnson decides she no longer wants to participate in the FC program. On ANFR, FC is “de-requested”. When ANMC comes up, the FC SMCP code must be deleted.

```
ANFR                              FAMILY CARE                11/07/00 13:32
 CASE: 8700218782                          WORKER: XCTE46    XCTE46 T FOSBINDER
 LAST UPDATED: 09 27 00               CASE STATUS: OPEN    CASE MODE: ONGOING

 NUM: 01 NAME: MZ               JOHNSON             SSN: 343 59 0697
  DC: __    EFF  MMCCYY: 092000

  DO YOU WANT FAMILY CARE SERVICES?   (Y/N/?)    : N
  FAMILY CARE FUNCTIONAL ELIGIBILITY  (C/I/G/N/?): C
  CMO CAPACITY (Y/N) :                  Y
  ENROLLMENT DATE :                     09 27 2000
  DISENROLLMENT DATE :
  OVERRIDE PROJECTED COST OF CARE PLAN:        .00
  RESOURCE CENTER WORKER NAME:          MELINDA________ BELINDA________
  RESOURCE CENTER WORKER PHONE:         111 222 3333


---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )

 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
```

```
ANMC                      MANAGED LONG TERM CARE             11/07/00 13:33
 CASE: 8700218782                            WORKER: XCTE46    XCTE46 T FOSBINDER
 LAST UPDATED: 09 27 00                CASE STATUS: OPEN    CASE MODE: ONGOING

 NUM: 01 NAME: MZ                JOHNSON             SSN: 343 59 0697
  DC: __ EFF BEG MMCCYY: 092000

  ARE YOU MEETING YOUR COST SHARE/SPEND DOWN OBLIGATION? (Y/N): Y
  SMCP ORG CHOICE (FC CMO OR P/P ORG):       MILWAUKEE COUNTY CMO

  REQUEST FOR CW:            Y
     CW PROGRAM TYPE:        IB
     CW PROGRAM START DATE:  09 27 2000       SLOT AVAILABLE FOR CW: Y
  REQUEST FOR FC:            N
     ENROLLMENT DATE:        09 27 2000       CMO CAPACITY:          Y
  MEDICAL INSTITUTION:       N
     DATE INSTITUTIONALIZED:
  COMMUNITY SPOUSE:          N
---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )


 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
 BF4 - CMO CHOICE NOT ALLOWED - NO FAMILY CARE INFO EXISTS
```

FC closes effective 11/30 for reasons 028 and 328 (You requested to disenroll from FC). Community Waivers stays open.

```
AGEC              ELIGIBILITY RESULTS CONFIRMATION            11/07/00 13:35
 CASE: 8700218782                            WORKER: XCTE46    XCTE46 T FOSBINDER
 LAST UPDATED: 11 07 00                CASE STATUS: OPEN    CASE MODE: ONGOING

 ELIGIBILITY REVIEW DATE: 08 31 2001

          PMT BEG  PMT END   BENEFIT    AG     ELIG      REASON     MR   CONFIRM
 CAT  SEQ  DATE     DATE     AMOUNT   STATUS  STATUS     CODES      RSN   (Y/N)

 BC X 01 12 01 00  12 31 00       0.00  DE     FAIL   277           __      Y
 CC Z 01 12 01 00  12 31 00       0.00  DE     FAIL   054           __      Y
 FC   01 12 01 00  12 31 00       0.00  CL     FAIL   028 328       __      Y
 FS Z 01 12 01 00  12 31 00       0.00  DE     FAIL   054           __      Y
 MCWB 01 12 01 00                 0.00  OP     PASS                 __      Y
 NS   01 12 01 00  12 31 00       0.00  DE     FAIL   014 308       __      Y
 WW Z 01 12 01 00  12 31 00       0.00  DE     FAIL   054           __      Y


 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
```

A disenrollment date of 11/30 is sent for FC, and populates on the ANFR screen, which appears in inquiry mode after the confirmation.

```
ANFR                              FAMILY CARE                 11/07/00 13:36
 CASE: 8700218782                          WORKER: XCTE46    XCTE46 T FOSBINDER
 LAST UPDATED: 11 07 00               CASE STATUS: OPEN    CASE MODE: ONGOING

 NUM: 01 NAME: MZ                JOHNSON             SSN: 343 59 0697
  DC: __    EFF  MMCCYY: 092000

  DO YOU WANT FAMILY CARE SERVICES?   (Y/N/?)    : N
  FAMILY CARE FUNCTIONAL ELIGIBILITY  (C/I/G/N/?): C
  CMO CAPACITY (Y/N) :                  Y
  ENROLLMENT DATE :                     09 27 2000
  DISENROLLMENT DATE :                  11 30 2000
  OVERRIDE PROJECTED COST OF CARE PLAN:        .00
  RESOURCE CENTER WORKER NAME:          MELINDA________ BELINDA________
  RESOURCE CENTER WORKER PHONE:         111 222 3333



---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )


 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
```

On 11/27, Mrs. Johnson contacts the agency again and states that she does in fact want FC in addition to the waiver MA. When the worker trans to ANFR, there is a disenrollment date of 11/30/00 and the screen is in query mode. The worker uses [PF 16] to get a new ANFR screen and tries to create a screen for that date (11/27). Since that date is prior to the disenrollment date of 11/30, the screen produces an edit.

```
ANFR                              FAMILY CARE                 11/27/00 13:38
 CASE: 8700218782                          WORKER: XCTE46    XCTE46 T FOSBINDER
 LAST UPDATED:                        CASE STATUS: OPEN    CASE MODE: ONGOING

 NUM: 01 NAME:                                    SSN:
  DC: __    EFF  MMCCYY: 112000

  DO YOU WANT FAMILY CARE SERVICES?   (Y/N/?)    : y
  FAMILY CARE FUNCTIONAL ELIGIBILITY  (C/I/G/N/?): c
  CMO CAPACITY (Y/N) :                  y
  ENROLLMENT DATE :                     11 27 2000
  DISENROLLMENT DATE :
  OVERRIDE PROJECTED COST OF CARE PLAN: __________
  RESOURCE CENTER WORKER NAME:          belinda________ melinda________
  RESOURCE CENTER WORKER PHONE:         222 333 4444



---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )


 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
 BDV - CANNOT BE EARLIER THAN PRIOR DISENROLLMENT DATE
```

The worker must then create an ANFR screen for the next possible date after the disenrollment (12/1).

```
ANFR                              FAMILY CARE                 11/27/00 13:39
 CASE: 8700218782                          WORKER: XCTE46    XCTE46 T FOSBINDER
```

```
 LAST UPDATED: 11 27 00              CASE STATUS: OPEN    CASE MODE: ONGOING

 NUM: 01 NAME: MZ                JOHNSON             SSN: 343 59 0697
  DC: __    EFF  MMCCYY: 112000

  DO YOU WANT FAMILY CARE SERVICES?   (Y/N/?)    : Y
  FAMILY CARE FUNCTIONAL ELIGIBILITY  (C/I/G/N/?): C
  CMO CAPACITY (Y/N) :                  Y
  ENROLLMENT DATE :                     12 01 2000
  DISENROLLMENT DATE :
  OVERRIDE PROJECTED COST OF CARE PLAN:        .00
  RESOURCE CENTER WORKER NAME:          BELINDA________ MELINDA________
  RESOURCE CENTER WORKER PHONE:         222 333 4444


---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )


 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
```

ANMC will come up and need the CMO SMCP code entered again. The new enrollment date will show on the lower portion of the screen.

```
ANMC                     MANAGED LONG TERM CARE             11/27/00 13:40
 CASE: 8700218782                        WORKER: XCTE46    XCTE46 T FOSBINDER
 LAST UPDATED: 11 07 00              CASE STATUS: OPEN    CASE MODE: ONGOING

 NUM: 01 NAME: MZ                JOHNSON             SSN: 343 59 0697
  DC: __ EFF BEG MMCCYY: 112000

  ARE YOU MEETING YOUR COST SHARE/SPEND DOWN OBLIGATION? (Y/N): Y
  SMCP ORG CHOICE (FC CMO OR P/P ORG): 40f01

  REQUEST FOR CW:            Y
     CW PROGRAM TYPE:        IB
     CW PROGRAM START DATE:  09 27 2000       SLOT AVAILABLE FOR CW: Y
  REQUEST FOR FC:            Y
     ENROLLMENT DATE:        12 01 2000       CMO CAPACITY:          Y
  MEDICAL INSTITUTION:       N
     DATE INSTITUTIONALIZED:
  COMMUNITY SPOUSE:          N
---------------------------------INDIVIDUALS-----------------------------------
  01 MZ    J (PP )

 NEXT TRAN: ____     PARMS: 8700218782_____________________________________
```

The worker needs to run SFED and confirm FC to send the enrollment to MMIS.

CONTACT

DES CARES & Policy Call Center Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.